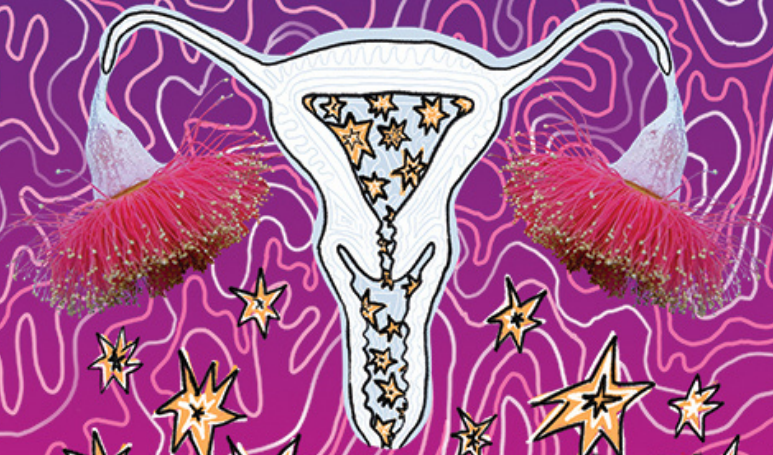


WOMINJEKA
TO THIS



AVSSY



This zine was developed by **1800 My Options** and published September 2023.

1800 My Options is a health information and referral service of Women's Health Victoria. We provide Victorians with evidence-based information about all things sexual and reproductive health (including contraception, pregnancy options and abortion). We also help people to find the healthcare services that suit their needs.


You can call us on **1800 696 784**, weekdays 9am-5pm, or head to our website.

Every September - or Sextember as we like to call it - we mark important awareness events like World Sexual Health Day, World Contraception Day and International Safe Abortion Day with our very own sexual and reproductive health zine. We hope you enjoy this compilation of some of the fabulous resources out there around all things sexual health.

We are deeply grateful for the incredible work of the following contributors (in order of appearance):

- Amina Briggs
- Women with Disabilities Victoria
- Women's Health in the North
- HERO Condoms
- Melbourne Pregnancy Counsellors
- Samantha Curcio
- GenWest
- Cyd Angelico
- The Abortion Project
- National Cervical Screening Program
- All our generous anonymous contributors

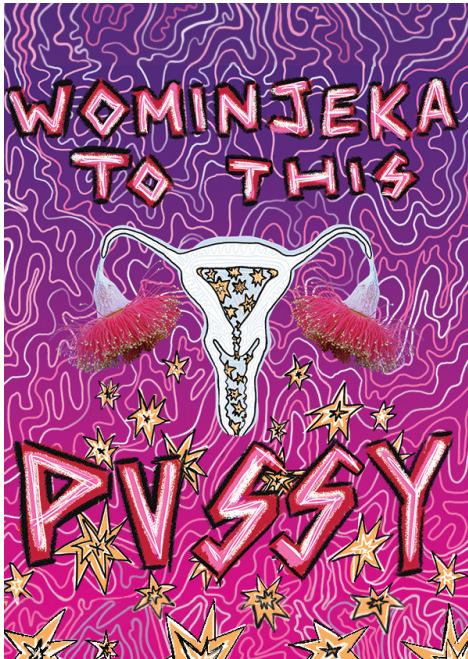
Content Warning: The contents of this zine address topics such as unplanned pregnancy, abortion, menstruation, relationships and consent. In most cases, individual names have been changed to protect individual privacy. If the contents of this zine are distressing to you in any way, please refer to the list of support services at the end of the zine.



1800 My Options acknowledges and pays our respects to the Traditional Custodians of the land that we are situated on, the peoples of the Kulin Nation.

As a statewide service, we also acknowledge the Traditional Custodians of the lands and waters across Victoria. We pay our respects to them, their cultures and their Elders past and present.

We recognise that sovereignty was never ceded and that we are beneficiaries of stolen land and dispossession, which began over 200 years ago and continues today.



Cover image "Wominjeka to this pussy" by Amina Briggs.

Amina is a First Nations artist of Boonwurrung and Erub descent celebrated for her captivating and thought-provoking exploration of identity, racism and feminism. With a mastery of digital art, mural painting and sculpture, Briggs fearlessly confronts societal injustices, shedding light on the harsh realities of discrimination. An emerging artist, she has received much attention and collaborated with distinguished artists and is committed to deepening her practice in international contexts.

"Wominjeka to this pussy" is an artwork conceived as a response to the Roe vs Wade case in America in 2022. It will forever baffle that my rights are treated as a suggestion solely due to my lack of a penis. I created this piece as a way to remind others to respect the power of the pussy. Going beyond a simple welcome, "Wominjeka" encapsulates an invitation to arrive with a clear intention. The term deconstructs as follows: "Womin" signifies come, "Dj" implies asking to come, and "Eka" delves into the question of intention. In essence, this artwork beckons individuals to approach with purpose and intention, transforming the act of welcome into a profound engagement. Ultimately, come with purpose to this pussy.

SEXtember 2023

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Hey, I need some help...

It's likely that we all know someone who has had an abortion - after all, 1 in 3 women worldwide will have one at some point in their lives. Four writers reflect on their experiences supporting a friend through an abortion, including what they wish they'd known.

Jen, 1990s

Secrecy, shame, ignorance and a total lack of adequate services were my key recollections when supporting my best friend through an abortion in the early 1990s. Having just finished school, we were excited about the future and couldn't wait to move into this next exciting phase of life.

My friend had just had her first sexual encounter with a guy she had liked for some time, life was good. Unfortunately, this first encounter led to the surprising news of an unplanned pregnancy - something that was certainly not on the radar of post-school life!

Navigating access to abortion services during this time was like entering a secret underworld. Secrecy was paramount and the only people my friend told was myself and another friend.

We encouraged her to tell the pregnancy partner as we impressed upon her that it was a shared responsibility. Sadly, he completely shirked his responsibility and went missing when the time came for her to have the surgical abortion. Unbeknown to us this meant she had to not only face the surgery by herself, but she also had to contend with the protestors that were allowed to loiter around the entrance, dodging the vitriolic abuses and placards.

While my memory is a little hazy I distinctly remember us meeting my friend back at her place, providing heat packs, Panadol and comfort and all the while thinking this could have been anyone of us. My friend did not want to discuss her experience and preferred to just try and park it in the back recesses of her brain to deal with at another time.

Alas she was unable to do this as the pain and bleeding intensified over the next week to the point that we smuggled her out of the family home and headed to the nearest emergency department.

This also included a desperate search for the family Medicare card and the accompanying worries that any treatment would be recorded for all the family to see. It was in the emergency department that we learnt a new acronym- RPOC or Retained Product of Conception which is when non-viable foetal or placental tissue has been retained in the uterus. Another procedure and another secret to tuck away.

While the abortion system today is far from perfect in Victoria, I am pleased that some of that shame and secrecy has been lifted.

No longer can someone be harassed or intimidated as they walk into a clinic like my friend was. Access to pro-choice information is readily available and there are more options available with the introduction of medical abortions.

Amanda, 1990s

We were 17/18 and in year 12 at a private Christian school that, pre abortion law reform, didn't see any need for sex education.

My friend, Hannah, was dating an older guy called Richard - a musician - who she was really into. Things were fine, they were having fun, until her period was late and she got a positive result from a home pregnancy test.

She told us first - a group of naïve high school girls in peak Spice Girls era who thought this sophisticated older boyfriend would be so supportive and kind and totally cool. Instead, when she told him after school one day, he was disgusted and said she needed to "get rid of it fast". He said he had no money to help her pay for an abortion so, with Hannah heartbroken and sobbing, we sat on the school oval and made plans.

We couldn't talk to any of the adults in our lives: abortion and sex weren't spoken about, but we knew there'd be disapproval, and Hannah wouldn't be treated with respect or confidentiality. She also couldn't risk her parents finding out she was pregnant, they didn't even know about her boyfriend.

One of us tried to help by calling a "pregnancy help" centre who said they'd be really supportive, but ended up showing her picture of babies, which made everybody cry. Another of us asked an older sibling about "contraception" clinics. In the end, we stood in the local shopping centre phone booth and called around until we figured out there was a place in East Melbourne that did abortions. We pooled our money – from allowances, part time jobs, birthdays – to cover the cost.

For some reason I was the one that went with Hannah on the day of the appointment, I think because I was the least scared. Her boyfriend drove us there (as his contribution to the abortion) in what was perhaps the most awkward car ride of my life. He was chainsmoking the whole time listening to whiny men on the radio while Hannah sat, nauseous, in the front

passenger seat trying not to either emotionally fall apart or vomit all over his crappy car.

Her boyfriend drove right past the clinic when he realised there were protesters outside, refusing to stop close by and going further up the street so HE could avoid them. So Hannah and I walked down the street, through the protesters with their graphic signs and muttered prayers. We ignored them mostly until one very old man, as we walked in the gate, realised his prayers wouldn't prevent us going in and spat "I hope you've got your blood money" at us. Over 20 years later I can still see and hear him like it was yesterday.

It was all a blur once we were inside. The staff were lovely and professional, like they'd seen this situation thousands of times before. I remember Hannah crying, before being whisked away. I sat in the waiting room, trying not to look at people too much, and fidgeted. Eventually, Hannah was awake – tired, pale, relieved, and no longer pregnant. Richard picked us up, and I don't think I ever saw him again. Hannah broke up with Richard a few weeks later, after realising he was both a crappy boyfriend and a terrible musician.

Rachel, 2000s

Sometimes I wonder how I survived my teens and early 20s. That's how I'm framing this recollection anyhow. This is probably a story of what not to do, rather than what to do.

I was young, a bit naïve and a bit dumb. I had recently moved out of home and was in second year uni, and living in the inner city in a share-house. A friend's sister rang to say she'd booked an abortion at the Royal Women's Hospital and felt that she couldn't tell anyone about it, especially not her family. We'd both grown up Catholic.

I knew I was pro-choice, largely thanks to my eyes being opened by women's studies at university, but I didn't really know how to help anyone going through an abortion. It just wasn't on my radar and certainly not talked about openly.

She told me that the hospital wanted someone to drive her home after the abortion and could she stay at my place? She knew I didn't drive, so she said that if I could meet her at the hospital then we could get a taxi home together. I told her that she could stay at my

place that night but that I wouldn't be able to get to the hospital to meet her as I had university or work on, but that she could meet me at my house later. She told me they were pretty insistent about not having her go home alone in a taxi, but I was adamant that I couldn't meet her then; she said she'd let the hospital know and see if that was ok.

She turned up at my house after the abortion in a taxi, alone. I opened the door to her, and she burst into tears. I gave her a huge hug, sat with her on the couch, made her a cup of tea and some toast and let her talk things out. She was positive she'd made the right choice as her ex-partner was controlling and she didn't want to have any ties to him. She was then sleepy, so she went to bed for a while and slept off the effects of the general anesthetic. Later that night we watched tv, smoked cigarettes like we always did together, and were our laughing selves again.

Hindsight is a beautiful thing – years later I wonder why I didn't move heaven and earth to meet her at the hospital and escort her home.

I think it was all a bit bewildering for me and I'd never had a surgical procedure so unaware of how important that is. I think I was also unaware of how important the symbolic, emotional support would have been for her. I wish I could change things and get that bit right again so she wouldn't have had to feel so alone. I'm glad she called me to be her support person though; at least she knew she could trust me.

Mina, 2010s

I have always been pro-choice, but I never had firsthand experience having an abortion or supporting someone close to me through it. So when I was asked to support my friend who was having a medical abortion, I felt I was ready to learn and lean in as I needed to. I remember getting a heat pack and snacks in preparation.

I remember taking over from the "morning shift" for my friend (she had organised her supports in 'shifts'). By then, she had taken the first dose of medication and was waiting. She hadn't felt that many symptoms yet. I was feeling quite emotional seeing her at first; it was probably my own anxieties

running through my head. "How can I help? How much pain will she be in? How long will it take? What's an emergency number?" etc. I think the main thing I realised was just to be there for her. Being present. Holding the space for her. Listening to her. We ended up passing time with banter, laughs, a few tears, telly and tea.

She started to experience pain in her uterus and had to go to the toilet a number of times. I would wait outside the room, checking in. I'm pretty sure hours passed - I remember thinking the sun's going down. The pain began to ramp up.

Then, it was an out of body experience; she sounded surprised - the abortion was complete. I remember her calling me from the bath room to check. We both looked at the products of conception and then at each other, and embraced. It was such a bittersweet moment, great relief that the abortion had passed, and the process was over, but also grief from the timing / fate bestowed upon us. We buried the POC under a tree in a pot plant and said a few words. I'm glad I was there to support my friend, and honoured to hold the space for her.

A SHORT PHOTO HISTORY OF ABORTION RIGHTS PROTESTS IN AUSTRALIA

'ABORTION ON DEMAND' PROTEST MARCH

JANUARY 1973



Photo: *Australia in Colour* Season 2, *Stranger Than Fiction* Films and SBS 2021



IWD, 8 MARCH 1975

Photo: National Archives of Australia

THE FIRST INTERNATIONAL WOMEN'S DAY RALLY HELD IN AUSTRALIA

February 1979



'REPEAL ABORTION FROM THE CRIMES ACT' PROTEST AT SYDNEY TOWN HALL

SYDNEY PROTEST RALLY, AGAINST A MOTION BY MP STEPHEN LUSHER TO DENY HEALTH FUND REBATES FOR ABORTION

21 March 1979



Photo: Stevens / Fairfax Media via Getty Images

RALLY CALLING ON THE GOSS GOVERNMENT TO DECRIMINALISE ABORTION

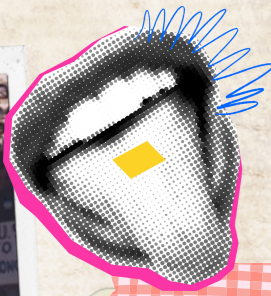


Brisbane 1990

Photo: Children By Choice



May Day 1999



ACTIVIST CLARICE
BROWN (AGED 68)
MARCHING IN
BRISBANE ON MAY DAY

Photo: Suzette Hunter

PRO-ABORTION
ACTIVISTS RALLY
FOLLOWING THE FATAL
SHOOTING OF A
SECURITY GUARD AT
A MELBOURNE
ABORTION CLINIC



July 2001



22 August 2009

RALLY AT A
MELBOURNE CLINIC
TO SHOW SOLIDARITY
WITH CAMPAIGNERS
IN QUEENSLAND

Photo: Campaign for Women's Reproductive Rights



OCTOBER 2010



Photo: [Michelle Smith](#)

BRISBANE PROTESTS THE TRIAL OF A CAIRNS COUPLE WHO ALLEGEDLY IMPORTED ABORTION DRUGS TO TERMINATE THEIR PREGNANCY.

(THE COUPLE WERE EVENTUALLY FOUND NOT GUILTY)

September 2019



Photo: [Facebook/Our Bodies Our Choices](#)

COUNTER-PROTEST TO ANTI-CHOICE RALLY IN MACKSVILLE NSW (POPULATION 3000), ORGANISED BY A LOCAL WOMAN DETERMINED TO SHOW HER COMMUNITY WAS PRO-CHOICE.



4 March 2021

Photo: [Facebook/South Australian Abortion Action Coalition](#)

ABORTION IN SOUTH AUSTRALIA DECRIMINALISED!





AcceSex: Stories Snapshot

Stories from women
with disabilities on
accessing sexual &
reproductive healthcare

Women with disabilities' voices often aren't heard when it comes to talking about sex.

Able bodied people tend to silence or dismiss our concerns. Able bodied people's opinions and stereotypes about our lives and bodies are listened to more than our actual voices.

Women with disabilities have a right to fun and enjoyable sex with partners who respect them every day.

This is an opportunity to hear our stories about accessing sexual and reproductive healthcare.

We invite you to read these personal accounts with an open heart and mind.

We want you to be challenged and to think differently about how you view women with disabilities and our sexual and reproductive health.

If you want to learn more about women with disabilities' experiences, we recommend checking out our [website](#).

The first time I visited a gynaecologist to be prescribed the pill, I really felt like I was a dummy. Visiting the gynaecologist is never a pleasant experience, especially as a young person. When the doctor instructed me to go into an area separated by a curtain to get undressed, her voice became muffled. Being hearing impaired, I couldn't understand her properly anymore, which led to some misunderstandings.

When I got up on the table, I realised she had started talking slowly to me, as if I needed time to process information. She also became quite patronising, explaining to me that sex could be scary, but I shouldn't be afraid.

The whole appointment was quite unsettling, and I didn't return to a gynaecologist for another 8 years.

Susan's story



Tahlia's story

I have a physical disability so when I wanted to have sex with my boyfriend for the first time, I wasn't sure who to go to about exploring safe and accessible sex positions for my body. I asked my physiotherapist about this and we explored some different positions together.

During our discussion we talked about the importance of consent, not being coerced and the main focus being about my pleasure.





Although the conversation was uncomfortable at times and we shared many laughs, my physio reassured me that sex is a basic human need and thanked me for coming to her for help, especially because when combining sex and disability together it is still taboo.

She told me that she thought her other clients would be too embarrassed to tell her about this. She didn't want this for me. She wanted me to fully experience life in a way that was inviting and enthusiastic.

Finding the right option for birth control was a tricky experience for me. I manage complex chronic health conditions and found that many birth control options led to unwanted side effects that made managing my health too difficult. I was particularly prone to severe nausea and bleeding from options including pill varieties and the Implanon.

I have received care from a community sexual health doctor, and later was referred to a gynaecologist. My experience was long, but I was happy with the treatment I received. The doctors were friendly, welcoming, and inclusive of my conditions. They took a holistic approach and consulted with my other specialists and GP. The doctors were clear with communication, enabling me to make informed decisions. They valued my right to control my fertility and worked with me to overcome the obstacles of my other health conditions.

Kate's story





HERO condoms are a socially responsible condom company, whereby for every condom sold, a condom is donated to a community in need.

History Of The Condom: A Timeline

Believe it or not, condoms have been around since ancient times. Made from animal intestines (yuk), tortoiseshell (ouch!) or linen (nah) back then, condoms have come a long way over the years – thanks to latex! Here’s a brief look at the history of the condom which has been marked by controversy, progress, and failure.

11,000 BC

The first traces of condoms were found in a series of cave paintings in France.

The paintings show a couple having sex, and the man looks like he has covered his pee-pee with animal skin.



2,000-1,000 BC

The Ancient Egyptians used linen sheaths as condoms to protect themselves from tropical diseases like bilharzia. The linen sheaths were dyed in different colours to distinguish between classes of people.



1500s

Italian doctor Gabriele Falloppio was the first to write about condoms in his book *'De Morbo Gallico'* (“The French Disease”). Here he proved with an experiment on 1,100 men that linen sheaths (fastened with ribbon and lubricated with saliva) provided protection against syphilis, a deadly epidemic at the time. Smart guy.



3,000 BC

Mythical King Minos of Crete was cursed to have “serpents and scorpions” in his semen. To protect his wife Pasiphae from the deadly sperm, they used a goat’s bladder during intercourse.



Pre-1400s

Ancient Asian civilizations also used condoms. In China, they were made mainly from lamb intestines or silk paper lubricated with oil. In Japan, men used sheaths called Kabuta-Gata, made of tortoiseshell and later of thin leather (sounds more comfy).

1785

The term “condom” appeared for the first time in the diary of doctor Daniel Turner. Later, the term “condom” was officially used when it was found in a dictionary in London. Where exactly the word “condom” originated is a matter of speculation; some claim that “condom” comes from the Latin word *condus* (“vessel”), or from the Persian word *kemdu*, which refers to a long piece of intestine used for storage.



1700s

Condoms were stigmatized because they were associated with prostitution or immorality. Nevertheless, they became quite popular among the upper and middle classes. Condoms were still made from animal intestines (sheep, calves, or goats) which were usually treated with sulfur or lye to smooth the sheath.

1861

The first U.S. condom ad appeared in the New York Times.



1855

BIG thank you to Charles Goodyear who discovered the vulcanization of rubber in 1839, and which led to the first rubber condom. Rubber condoms were washable, reusable, cheaper, and mass-produced.

World War I & II

Although distributed to soldiers to prevent disease, condoms and other contraceptives were banned in most countries in response to fears of declining birth rates and allowed only for disease prevention.



1920

Drum roll: THE TIME HAD FINALLY COME and the latex condom was born. Latex condoms were easy to produce, cheaper, disposable, and had a shelf life of 5 years. Condom sales doubled, but met with opposition from moralists, the church, and some feminists who were against male-controlled contraceptives.

1980s

Emergence of HIV brings condoms back into the mainstream. Condoms now sold in supermarkets and discount department stores.



1960s - 1970s

The pill becomes the world's most popular method of birth control; condom use decreases.

2000s

New developments continued to occur in the condom market: condoms now came in different shapes, flavours, and colours. Durex also introduced the first polyurethane condom.



1993

The first female condom hit the market, but it had a PR problem from the start. People feared that it would be difficult to insert and uncomfortable during sex.



Present day

Condoms are the most widely used contraceptive worldwide, with sales of more than 35 billion units in 2020. Wow.

A Day in the Life:

Your Sexual Health Midwife

6:00am

Wake up and get ready for work. Grab leftover noodles from dinner to bring for lunch.

7:00am

Commute to work. I either have FAB Gab on (an AMAZING podcast on bioethics) or ABBA's entire discography playing in the car.

8:20am

Get into the hospital. Greet our lovely reception staff and start setting up the clinic. Getting all the paperwork sorted helps the day run smoothly for everyone! Make sure brochures for sexual health information and other support services are on display.

9:00am

Clients start arriving! First up are folks having surgical abortions. We work with amazing doctors to ensure all our clients have everything they need:

- We make sure clients know how the procedure goes and what to expect afterwards
- We offer STI testing and contraception; we explore all the different contraception options and work out together what may suit them best
- We make sure they're feeling safe and supported (both within and outside of the clinic)
- About 2-3 hours before the actual procedure, misoprostol is given to folks having a surgical abortion. This helps to soften the cervix, and lower the risk of any complications.



**get my coffee too*



10:30am Next up are our clients having medical abortions. The routine is similar to the surgical clients:

- Run through everything our clients need to know and answer any questions about what to do at home (medical abortion is a great option for a lot of people because you can take it at home and don't need to go under anaesthetic for it)
- Offer STI testing and contraception options, and make sure our clients are feeling safe and supported in their lives.

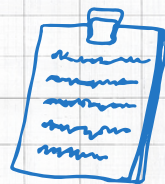


1:00pm Lunch time! Reheat my noodles in the staff room. Yum. Talk about our pets. Scroll phone.

1:30pm Doctors now go to the operating theatre, working with our lovely theatre staff to make sure clients feel comfortable during their procedures. Surgical abortion procedures are usually pretty quick (most take less than 30 mins). Some clients might have a contraceptive IUD inserted during the procedure as well.



3:00pm Complete follow-up appointments (for clients who had abortions in the past couple of weeks) and sort out referrals for future abortions. Check that ultrasounds and blood tests are done to make referrals smoother.



5:00pm It's home time! Battle the traffic.



6:30pm After work, I go for a quick walk with my dog Blaire and then start making dinner. Tonight, I'm feeling like some soup - perfect for the freezing winter.

9:00pm Evenings are for warm showers and self-care! Once I prep for the next day (get my clothes out, pack my bags), I hit the sack and K.O.



What are my sexual and reproductive rights?

Often, we're already talking about sexual and reproductive rights without realising it. Let's explore how these rights might be celebrated, experienced or challenged in our lives.



Here are some of your rights:

The freedom to choose if, when, how, and how often to have children

The freedom to explore or express sexuality without shame or stigma

The freedom to live without coercion, discrimination or violence

Respect for all genders, sexualities and bodies

Respect for your decisions about sex, relationships and reproduction

Access to appropriate and affordable sexual and reproductive health services and support

Access to evidence based, positive sexual and reproductive health information and resources

Access to equal, safe, respectful and pleasurable sexual experiences, intimacy and relationships




Scan here to
find us on
Instagram

**FREEDOM,
RESPECT
& EQUITY**
IN SEXUAL HEALTH
2022-2026



WOMEN'S HEALTH
IN THE NORTH
voice • choice • power



"Thanks for using my new pronouns – it makes me feel seen and valued."

Using someone's correct pronouns is an easy way to show respect and can help validate and affirm someone's gender identity or expression.



"I was thinking of getting a vasectomy – what was your experience with it?"

The type of contraception someone chooses is a personal decision that should always be respected. There are many factors that are considered when choosing a method of contraception including: cost, time, number of partners, frequency of sexual activity, emotional and mental wellbeing.

"With the new public fertility clinic in Melbourne, in vitro fertilisation (IVF) is a lot more affordable for us!"



Services like IVF or surrogacy can cost a lot of money, which means that fewer people are able to access them. Everyone should be able to access the help they need to have children. This is why reproductive services should be affordable, like the new Victorian Public Fertility Clinic.

Interview with Patricia Hayes: Co-Founder of Melbourne Pregnancy Counsellors

Tell us a bit about yourself!

I am an accredited mental health social worker and counsellor working in private practice, specialising in pregnancy options and abortion counselling. I have worked in this sector in hospitals, private clinics, and private practice for the past 20 years. I am a committed intersectional feminist and activist and passionately believe in the power of collective change, especially in reproductive justice. Throughout my years of advocacy and action I was also a part of the many groups of women that contributed to the Victorian abortion law reform movement (which was super-inspiring to be a part of!).

I am also a co-owner of a fabulous not-for-profit vinyl record store with five of my feminist sisters & non-binary mates called Feminista Vinyl, which specialises in showcasing women, non-binary & gender non-conforming artists. We have our vinyl-record store in the shopfront and house our feminist counselling businesses at the back – how Portlandia is that!

Why did you start Melbourne Pregnancy Counsellors?

By 2017, I and three colleagues who had worked in abortion and unintended pregnancy counselling at hospitals and private clinics for over a decade were branching out into private practice counselling. We realised there was a real dearth of counselling services in Melbourne that were pro-choice, feminist and specialised in abortion and options counselling.

We wanted to make sure pregnant people got unbiased and non-judgmental counselling, to counter the myths and misinformation about abortion peddled by many anti-choice 'Pregnancy Helplines.' Even in our own professions, there can be a lack of knowledge in this area. Together we decided to form Melbourne Pregnancy Counsellors (MPC), – a network of independently practicing social workers and counsellors who specialised in pro-choice counselling for women and pregnant people who are all at various stages of the reproductive continuum.



Okay, so just to clarify - what exactly is Pregnancy Options Counselling?

Pregnancy Options counselling is a type of counselling that enables exploration of your values, goals, emotions, beliefs to support you to make the best decision you can regarding an unintended pregnancy. Most importantly, it situates you as the expert in your life, centering you as an autonomous being that can make the "most right" choice, once you have considered all your factors: psychological, social, cultural, physical, financial.

We know that women/pregnant people often come under pressure and judgments from a range of sources in relation to sexuality and pregnancy- family, partner, community, society – so we take care to validate in the counselling that there is nobody better placed to know what's "most right" than you. We emphasise your autonomy; self-efficacy is a crucial factor amidst the numerous psychological and social pressures that often frame your choices as "selfish" no matter what you choose.

Pro-choice pregnancy options counselling does not push you in a certain direction: towards abortion, continuing the pregnancy or adoption, but certainly sees and names abortion as a valid option given the stigma still attached to this option.

Of course, abortion is not the right decision for everyone, just as continuing the pregnancy is not the right decision for everyone, so we make space to explore exactly how you feel about each option so you can make a decision that is most aligned with your heart and mind.

We also provide post-abortion counselling to those who might experience difficult feelings post-abortion.

Who can come and see you?

Anyone who is pregnant and considering their options, or wish to explore their decision in relation to pregnancy and/or continuing the pregnancy/abortion/adoption.

We can also see couples, but usually will try to see the woman/pregnant person first to ensure autonomy.



Are there any myths around the types of people who consider abortions?

So many! Where do I start?

We often discuss and challenge the following internalised myths:

- I'm old enough /materially well-off enough to have a baby – maybe that means I should have one
- Only young women / single women / women who have been sexually assaulted get abortions
- Mothers don't have abortions
- I'm selfish if I choose abortion
- Abortion is rare and I don't know anyone else who would do this
- I will have problems with fertility if I have abortion
- Taking "responsibility" means continuing the pregnancy
- I'll regret abortion/have mental health problems if I have abortion
- I'm deficient/ faulty/ unworthy/ shameful if I have an abortion

That's why I think that the other critical component for pregnancy options counselling is education regarding abortion, to counteract the many myths that abound. We know from The Turnaway Study that most people who undertake abortion do not regret their decision and this evidence-based context is important to provide for decision-making.

What do clients worry about?

Like any life-crisis, an unintended pregnancy can challenge a person's coping skills and also necessitate some soul-searching about the crossroads in life they find themselves in. Each session is so unique – related to individual factors – but these are some of the common themes that come up:

- Will I be ok after the abortion?
- Can I have a child of my own – if I have no family/ partner/ community support?
- Will my relationship survive if I am feeling pressured into my decision (either way)?
- What if I choose abortion now but then can't get pregnant again?
- Am I selfish for choosing abortion/ continuing the pregnancy?
- Can I have another child in my current situation?
- Am I making the right decision?



What do you find most challenging about the job?

After 20 years, I still find myself wishing I had a crystal ball sometimes to assist women to make a decision. I sometimes think this would be a most valuable counselling tool but then I think of how complex life is, and that the reality is that we never will 100% know what is around the corner - we just have to make the best decisions we can with the knowledge and awareness of what we know at the time. The trick, really, is to learn how to acknowledge the suffering we go through without adding to it - by being compassionate to ourselves about whatever we do. The other trick, in this area, is to also assist women/pregnant people to understand and navigate the systems of oppression they often encounter in their decision-making process. Understanding the personal is political can often help in this arena.

Witnessing the unnecessary suffering that women go through in this area – often related to intersecting structural oppressions impacting on their decisions such as gender, class, race, sexuality – still makes me angry after all these years. Abortions that are inaccessible and costly also make me see red – nobody should have to pay hundreds of dollars for a basic component of women's health.

Your job sounds like it could be quite stressful at times! How do you relax?


- Discovering new artists, buying vinyl, hosting open-mics and dancing at Feminista Vinyl with mates when the shop is closed!
- My cat Totoro (both relaxation and stressor)
- Yoga and meditation

What do you find most rewarding about the job?

The honour of witnessing women's/pregnant people's suffering, struggle, strength, and perseverance. Knowing that we, as humans, have the job of helping each other out. Feeling like I've contributed to progressive change in this area.

What would you say to someone considering options counselling?

If you are unsure, ambivalent, or clear in decision but unsettled, find a non-judgmental person to discuss with before you make any final decisions. Better to discuss before than after the decision. It does not have to be a discussion with a counsellor, but it can be – particularly if you are feeling pressured, judged, or anxious about or by the opinions of those around you. You can call 1800 My Options to find a counsellor who specialises in this area - not all counsellors are equal in this respect.



TAKE
UP
SPACE

Affirmative consent

Content adapted from [GenWest's Affirmative Consent Fact Sheet](#)

What is consent?

Consent is important for all people and is particularly important when it comes to sexual activity with other people. It means that time and thought has been taken to make sure that everyone involved is well informed, enthusiastic and agreeable to the sexual activity that is happening. This includes ongoing communication about boundaries, contraception and protection and the types of sex you will be having.

Your boundaries and what you consent to is entirely up to you. It's okay to feel unsure and change our mind.

What are affirmative consent laws?

These new laws state that everyone is responsible for seeking sexual consent. You can't just assume that something is consensual. Each person must actively make sure the other person agrees. This information can only be given if clear words or actions are used to show that everyone understands and agrees to what is happening.

If you aren't sure, wait for another time. Remember, you don't have to wait until you're about to have sex to ask for consent. Talking about what you like, how you feel and what you want can happen in everyday conversations!

Affirmative consent



Not consent

- Silence
- "Maaybe", "I'm not sure" or "umm"
- Being below the age of consent
- Being with someone who is in a position of power over you (such as a teacher)
- Being asleep
- Being heavily affected by drugs or alcohol
- Someone letting you take their clothes off, or going along with something but their body language is closed off (pulling away, not actively participating, crossing their arms)
- Stealthing - the removal or tampering of condoms during sex without permission.

THE OUTLINE OF A LIFE:

Total Laparoscopic Hysterectomy with Bilateral Salpingo Oophorectomy (with Cystoscopy)

Trigger warning - intense mental health issues, suicide mentions

BY CYD ANGELICO (THEY/SHE/HE)

WINTER 1992

I was successfully born (albeit a few weeks early).

AUTUMN 2023

I had my ovaries, tubes, & uterus removed (to stop an early death).

WINTER 1999

I learned that being fat was the worst thing a person could be.

SPRING 2003

I was told to stop asking questions; my religious school didn't like them.

WINTER 2008

I learned a word that would help me describe more of myself.

Bisexual! Didn't know that was a word before, didn't know it wasn't just how everyone felt.

SUMMER 2009

I would start on antipsychotics after a breakdown. I would be on, and try many forms of incorrect type of medications for over 10 years.

They would change my life, not for the better.

2010-2017

These years would pass in a blur of life, death, & art (it was not a life I expected, nor wish upon others.) Hormones were at an all time mess, so I started using oral contraceptive pills to help the physical pain of my periods, eventually skipping them altogether for years.

WINTER 2017

I would stop the antipsychotic medications and notice an amazing change in my brain. Unfortunately, those close to me in life at that stage didn't want me to grow outside of them. The next year was emotionally devastating in too many ways.

SPRING 2018

I had an appointment with a new doctor to explore the possibility of being Autistic & ADHD (my doctor started to speak as though I'd already been diagnosed before the end of the appointment. I had never felt so validated in a medical appointment.)

SUMMER 2019

I attempted to kill myself. I would try again days later. *I didn't know why.*

December 25: I would make the hardest decision of my life, and turn my car around to return to my mum's house, knowing that if I arrived home I wouldn't survive the night. *I still didn't know why.*

AUTUMN 2020

April 15: I learnt about PMDD (Pre Menstrual Dysphoric Disorder). The characteristics of PMDD included intense mood & emotional instability, sudden bouts of deep depression, increased anxiety, change of appetite, thoughts of death, changes in motivation, and attempts of suicide.

I finally knew why.

WINTER 2020

I would repeatedly beg to die – but I wouldn't attempt again. I'd call my platonic soulmate at all hours for his help to stay alive. We both struggled with our mental health, but would do anything for each other to stay in our lives. He saved my life more times than I can recall.

SPRING 2020

I would ask a group of my close friends to call me by a different name as a testing phase. A name I'd held onto tightly for 12 years since I first saw it. A name I knew was important to me, but not in a way I understood at the time. A name I didn't share with others for another year.

Later in Spring, I would learn of an acquaintance's death, due to their struggles with PMDD.

SUMMER 2020/2021

I would stare at the night sky and claw at my chest, begging & pleading for the pain of nothing, the black hole in my chest, the numbness in my bones, to leave me alone (it didn't. I confided in my sketch book that I didn't know if I could last another 6 months of this. That I knew I wouldn't last another 12 months.) I told my psych I was struggling a bit more.



Photography and modelling by Cyd Angelico

SPRING 2021

I had my first appointment with a gynaecologist. I'd never seen one before, & this was a stressful experience to begin with. I shared my mottled health history, my Autism & ADHD journey, that my end goal was to have my ovaries, uterus & tubes removed. My gyno only asked me once "Do you want children?" My reply & reasoning was appropriately intense enough that they never asked me again.

Before the end of the appointment they were already explaining to me about chemically induced menopause & created a time slot in their booked out schedule for 3 weeks later to administer the medication for me.

October 26: I started on Zoladex – a small disintegrating implant injected in my abdomen that would induce chemical menopause. I had to see a doctor every 4 weeks for the new dose. I would notice the effects of the Zoladex within the hour, but not believe myself.

The following Sunday I went from having an okay day to being actively suicidal due to Zoladex's effects on my body. I had noticed multiple mood changes already but still not believed it was that bad. Only due to my experience with PMDD's deathly pull was I able to calmly identify this feeling & seek informal support.

I believed myself & I was right - this feeling wasn't going to last, but I needed support now.

SUMMER/AUTUMN 2022

A haze of unstable mental health due to the menopause. During April I would notice a difference in the way I existed, an entirely unexpected, positive way. I had been on the Zoladex for 6 months.

May 28: I first administered my own dose of Zoladex, a week early, desperately needed. From then on I would successfully administer the injection myself every 3 weeks, with the support of my gp & gyno. Due to human error, as happens, I wouldn't see my gyno again until December, drastically affecting my health timeline.

July 14: I announced to the wider world that my name is Cyd. That I'm not a girl, not a boy, I just am. Fluidity or not, I am the chaotic creation I've always been. I didn't know it could be so easy to breathe.

SPRING 2022

I started a different chemical menopause medication. Synaeral, a nasal spray. The Zoladex had stopped working, I had started bleeding regularly and my PMDD was threatening my life again.

SUMMER 2023

I needed to see another gyno to crosscheck my issues. My understanding was my gyno was unsure about what was going on. I would sit on the ground and sob after the appointment I'd waited 7 months for.

AUTUMN 2023

Age 30. May. The Unexpected month.

2 May: I would have the appointment with the second gyno. They explained that this was the regular protocol for this surgery due to the nature and stipulations around it. As they wrote the letter of confirmation I sat there in a haze of "Is this really happening?". I walked the letter across the road to my main gynos office.

4 May: my gyno started the appointment by thanking me for bringing the letter over. She explained the procedure, the risks involved, the costs, the general recovery. Suddenly it was the end of the appointment and she was telling me to call her admin team to book in. The PA happily told me they could book surgery for May 30. I was still processing the start of the appointment.

"Do you mean like, this year?"

To her credit the PA only laughed a little, confirmed with me - *yes this year, yes this month, yes May 30, as in 4 weeks away.* Of course, I said yes.

MAY 30 2023, 11:00AM

Total Laparoscopic Hysterectomy with Bilateral Salpingo Oophorectomy

The surgery itself was a breeze; I was out for most of it (as I should've been).

Upon waking, it was like I was breathing in 3D, the world was sharper in the details I didn't know were there. No emptiness, no hollow chest, even the pain was different - despite surgery, it was less. I was joking all the while.

I happily went home the next day, having successfully completed post op tests.

The next week I had my stitches removed, no major follow up complications, bar the HRT medication Estrogel (my reactions to oestrogen were still intense). It was 6 weeks until I could safely use it.

SINCE SURGERY ON MAY 30, 2023

My heart has been astounded & shattered as I've had the chance to discover what a life I wasn't living. How severely I'd been taught to minimise my struggles. It has been a joy to discover what a life there can be; and I'm still learning, I'll be relearning for years to come.

**FOR NOW THOUGH,
THE POSSIBILITIES
ARE ENDLESS.**

HYSTERECTOMY CONSENT FORM

I..... understand that:

- A hysterectomy is permanent and non-reversible.
- I will be unable to become pregnant or bear children if I undergo this operation.
- I will no longer have a menstrual period.



YOU'RE
BOOBY
YOU'RE
CHOICE

We don't exist in isolation

Community care and [The Abortion Project](#)

The Abortion Project is a grassroots organisation that provides peer support for people who have had abortions and leads abortion activism and systemic advocacy from a lived-experience perspective.

Sarah Hult and Lily McAuliffe are Co-Executive Directors and co-founders of The Abortion Project. This is how it started.



Although The Abortion Project started just two years ago, the seeds were sown long before. Sarah and I had been friends for years. I had an abortion, and then a year or so later, Sarah had one too. For me, supporting Sarah a year after my abortion helped me to process my own. It felt validating to externalise the experience, to be able to support my friend in something I had already gone through, as Sarah's doctor once aptly reassured her: **'One day, you can use this to be a great support to friends who inevitably go through it too'**.



Afterwards, we were always there for each other to chat about it. There weren't any limits as to what the subject matter was. We talked about the **intricate blend of pro-choice beliefs and the rawness of grief, the paradox of feeling both relieved and melancholic**, how we visualised and conceptualised the cells that once grew within us. Our discussions stretched to embrace the physical and psychological impacts on our bodies, examining the injustices and uncovering the strategies that brought solace. We recognised how the exchange of support forged transformation unattainable in isolation, a sentiment we hear often after abortion.



This connection paved a pathway to a sunny afternoon in my garden, where we envisioned a **peer support group for people who have had abortions**. In 2021, united by a desire and need for community, we started this group in Walyalup/Fremantle, WA. This undertaking has navigated its course over the past two years, shifting in form, leadership, and refining our approach along the way. The group in Walyalup is still running strong, and we have started one in Garramilla/Darwin, when Sarah moved up north last year. We hold fast to our pro-abortion, pro-choice values in the form of community care, grassroots activism and systemic change.

Peer support has revealed itself to be a brilliant antidote to the aftermath of abortion. It **harnesses the strength of shared experience without the pressure to homogenise**. It's a space where psychological footprints of the journey are explored- dismantling stigma and weaving threads of empowerment. Through these connections, stories gain transformative potential, reframing recovery as a communal process of growth and understanding.

The Abortion Project is expanding to Naarm/Melbourne in 2024. We will be looking for facilitators and coordinators, as well as good old fashioned members. You can express your interest in being part of the group [here](#).

Visit [Instagram](#) or theabortionproject.com.au for more info.





Australian Government

NATIONAL
CERVICAL SCREENING
PROGRAM
A joint Australian, State and Territory Government Program



Cervical Screening Test - how to collect your own sample

You now have the choice to **self-collect** your own Cervical Screening Test (CST) sample. Ask your doctor about your cervical screening options.

A self-collected sample is taken from the **vagina** and is checked for human papillomavirus (**HPV**) – a common infection that causes almost all **cervical cancers**.

Evidence shows self-collected samples are just as **accurate** at detecting HPV as a clinician-collected sample taken from the cervix during a speculum examination.

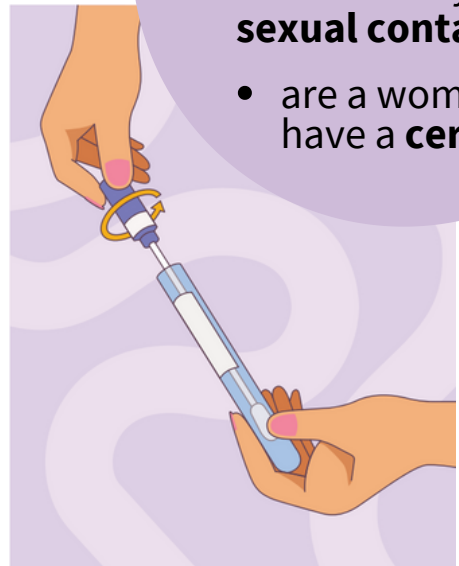
Have a CST every 5 years, if you:

- are aged **25 - 74**
- have had any **sexual contact**
- are a woman / have a **cervix**



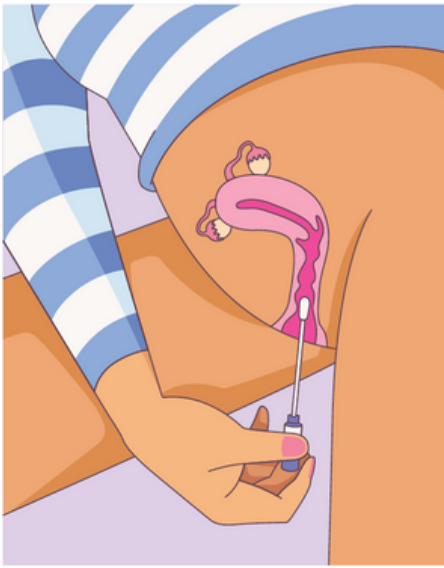
Step 1.

You'll be provided with a private space to collect your sample.



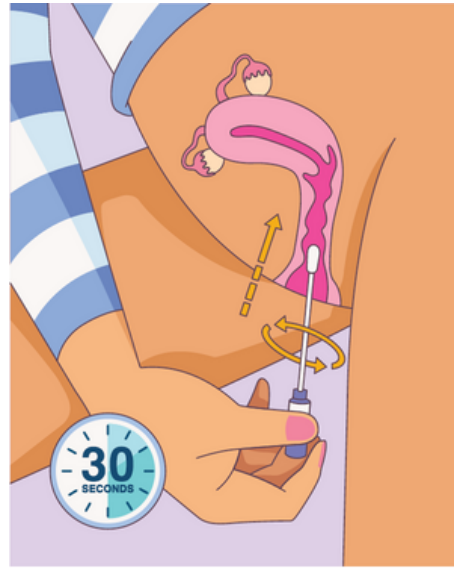
Step 2.

Twist the cap and remove the swab from the tube. Hold on to the cap and do not touch the end of the swab.



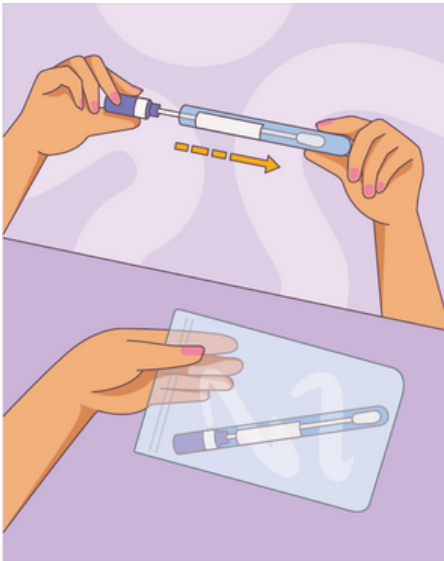
Step 3.

Gently move the folds of skin around your vagina with your other hand. Insert the swab a few centimetres into your vagina.



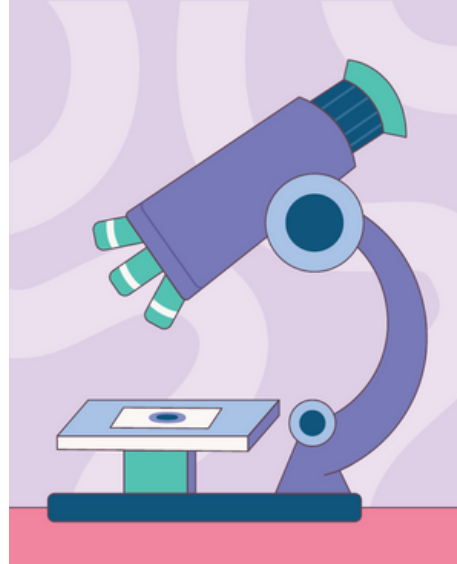
Step 4.

Rotate the swab gently for 10–30 seconds.



Step 5.

Gently remove the swab from your vagina. Place the swab back into the tube, screw the cap back on and give it back to your healthcare provider.



Step 6.

Your healthcare provider will send your sample to a pathology laboratory to be tested.

Our favourite media on
our favourite topics: **HIGHLY
RECOMMENDED**



MOVIES



Call Jane (2022)

Call Jane is based on the true story of a network of activists who helped provide underground abortions in 1960 and 70s Chicago. These activists called themselves "Jane," or "the Jane collective." People seeking abortions were told to "call Jane." The very watchable combination of Elizabeth Banks, as a suburban Chicago housewife turned illegal abortion technician, and Sigourney Weaver, as the founder of "Call Jane", brings a force of charisma that the era they're portraying deserves.



Turning Red (2022)

It's hard to sum up how much we loved this coming-of-age story from Pixar. From the early 2000s setting (Sailor Moon! Tamagotchis!) to its celebration of girlhood, friendships and fandoms, it's a thoughtful depiction of a child grappling with diaspora, intergenerational trauma, and puberty. Mei's relationship with her mother is relatable af - while Mum doesn't always get it right, her period talk gets an A+ from us. Puberty is an intense time for kids and parents, and having a movie like this to draw from means so much to us!

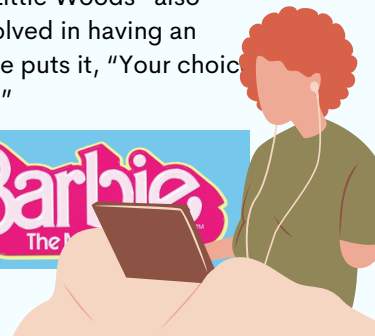


Little Woods (2018)

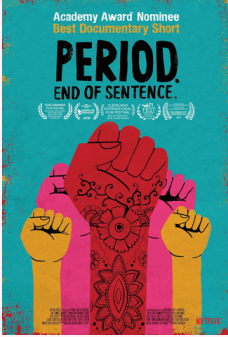
Estranged sisters Ollie and Deb are driven to extremes when their mother dies and they have a week to pay her mortgage. Things escalate when Deb finds out she is pregnant. Initially wanting to continue the pregnancy, Deb faces the reality that with no health insurance, prenatal care alone will cost her \$8,000 - which she cannot afford. "Little Woods" also depicts the logistical challenges involved in having an abortion in the United States. As Ollie puts it, "Your choices are only as good as your options are."

Honourable mention: Barbie (2023)

What can we say that hasn't already been said? Be like Barbie. Question your purpose. Book in a gynae appointment.

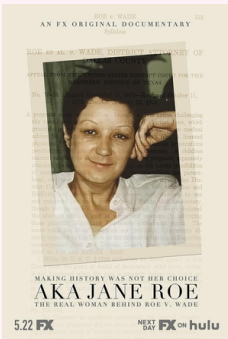


DOCUMENTARIES



Period. End of Sentence (2019)

This Oscar-winning, 25 minute documentary by Rayka Zehtabchi shares an uplifting story; the fight against menstruation stigma in a rural Indian village. For generations, women in the village didn't have access to pads, which led to health problems and girls missing school or dropping out entirely. When a sanitary pad machine is installed in the village, the women learn to manufacture and market their own pads, empowering the women of their community. They name their brand, "FLY," because they want women "to soar."



AKA Jane Roe (2020)

A portrait of Norma McCorvey, whose unwanted pregnancy led to legalized abortion in the USA (Roe v. Wade). She stunned the world in 1995 when she switched sides to crusade as an anti-abortion firebrand. The documentary reveals the real Jane Roe – abuse survivor, working-class, lesbian – who confesses she was paid to support the anti-abortion movement: "I took their money and they'd put me out in front of the cameras and tell me what to say." Norma's ultimate stance on abortion was "It's your choice."



Female Pleasure (2018)

Follow 5 courageous, smart and self-determined women, as they fight for sexual liberation and autonomy, beyond religious rules and cultural barriers. But their victory comes at a high price: they have experienced public defamation, threats and prosecutions, been excommunicated by the communities they grew up in and even received death threats. Prepare to be inspired by their stories, as they reclaim their bodies and sexuality.

Honourable mention: Ask Dr Ruth (2019)

Learn about the incredible life of Dr. Ruth Westheimer, a Holocaust survivor who became America's most famous sex therapist. With her thick German accent, Dr. Ruth was a pioneer in normalising frank discussions around sex, sexuality and pleasure. While the film catalogues her rise to fame from an 80s graveyard-slot radio program to her TV show 'Ask Dr Ruth', it also explores some of her own personal trauma.



TV SHOWS



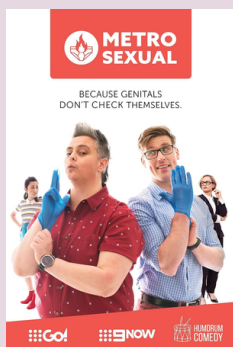
Heartbreak High (2022)

This rollercoaster of a show is the Australian answer to Sex Education and Euphoria we didn't know we needed. This Heartbreak High reboot has it all – drama, heart, education, awesome fashion and big laughs. Its diverse representation of Aussie youths is genuine and refreshing. The premise of the show is based around the discovery of a “sex map” detailing the sex lives of students – leading to the school’s futile attempts to provide adequate sex ed. By the season finale, the characters survive important lessons around STIs, consent, STIs, neurodivergence, queerness and friendships.



PEN15 (2019)

Straddling that difficult time between your kid self and your teen self, PEN15 awkwardly but also joyfully depicts the coming of age of comics Maya and Anna (who play teenage versions of themselves). These best friends go through full-blown teenager-hood with all its emotional firsts, hormones, highs, lows, crushes and crashes together. We love their friendship, relationships with their parents and just how identifiable and charming these weirdos are.



Metrosexual (2019)

Ever wondered what the staff at your local sexual health service are like, and how unphased they are by genitals? Look no further! Featuring comedian Geraldine Hickey, this show is frighteningly accurate in depicting how fun and relaxed sexual health clinicians are about anything and everything. Led by the maybe-overly-enthusiastic Langdon and the “seen everything” Steph, this show is charming, hilarious and reassuring about the normalcy of sexual health. Big thumbs up for being medically accurate, queer friendly, pro-choice, and at times, cringely familiar!

Honourable mention: The Let Down (2016)

Featuring Aussie icons - Celeste Barber and Play School favourite Noni Hazelhurst - this lovely show led by Alison Bell reflects the realities of parenthood. Season 2 has an honest and beautifully depicted abortion story line that we wholeheartedly appreciate.



PODCASTS

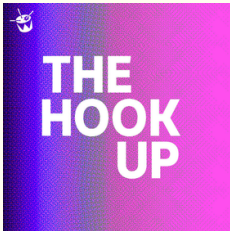


Australian Abortion Stories - Hosted by Kelsey & Cassidy

Away from some of the polarising anti-abortion rhetoric of the US and towards something more holistic, hosts Kelsey (a former midwifery student) and Cassidy (an abortion doula) focus on local abortion stories. They give space to each person's unique decision-making process, inner journey, abortion experience and interactions with a healthcare system that is still vastly under supported in providing abortion care.

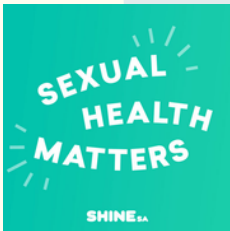
the Hook Up - Triple J

The Sex-Ed you wish you'd had: all things sex, love and relationships with Dee Salmin and Pip Rasmussen. Call for a good time and stay for answers, both sexy and otherwise. The insights that are provided by the hosts and guests answer the questions you never knew you had, and stretch your knowledge on the things that you thought you knew! We also highly recommend following the Hook Up on Insta for clear, informative and funny posts.



Sexual Health Matters - SHINE SA

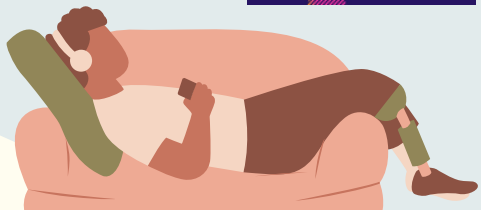
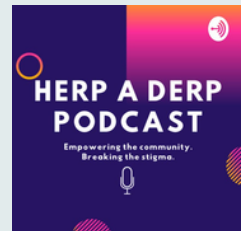
In this podcast series, sexual and reproductive health clinicians from SHINE South Australia candidly explore sexual and reproductive health topics and strive to answer your questions. The team dissect the latest news and research to help break down the stigma surrounding these sensitive and important issues. They also have a massive range of webinars for health professionals on their clinical podcast spin-off, which you may also be inclined to get the nitty gritty from.



Honourable mention:

Herp A Derp Podcast - Erin Devost

This is an affirming and validating podcast for anyone and everyone with or without herpes! Empowering the community to break the herpes stigma, host Erin Devost helps reassure that you are not alone and herpes doesn't define who you are. Featuring empowering episodes and inspiring interviews, the podcast helps rebuild confidence and self-love with a herpes diagnosis.



BOOKS



Welcome to Sex – Dr Melissa Kang & Yumi Stynes (2023)

We've been flabbergasted by the ridiculous moral outrage over this book – a frank, age-appropriate introductory guide to sex and sexuality for teens of all genders. Young people are always going to have questions about sex and sexuality and providing them with resources like this can help them avoid feelings of shame, judgement and embarrassment. Empowering young people with knowledge gives them insight on how to stay safe, have fun and respect themselves and others. Another guide we wish we'd had growing up!



Tissue – Madison Griffiths (2023)

From the award-winning queer writer, producer and artist Madison Griffiths comes 'Tissue'. In her debut novel, Griffiths reflects on her own abortion experience, and gives her own insights in a gentle, thoughtful, yet unblinking way. An important novel for our time that gives voice to some of the rarely-shared but widely-experienced feelings that can occur around abortion.

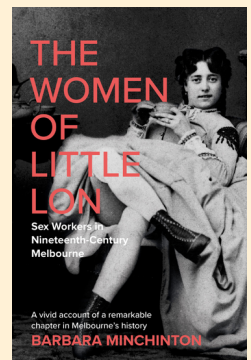


About Bloody Time - Karen Pickering & Jane Bennett (2019)

Inimitable feminist campaigners Pickering and Bennet make the case for menstrual revolution as an essential key to unlocking gender equality. This wonderful book shines a light on the silence, shame, ignorance and awkwardness that surrounds menstruation and menopause, and challenges these negative attitudes. As Clementine Ford said "About Bloody Time should be on bookshelves everywhere: I only wish it had been on mine when I was younger" – we couldn't agree more.

Honourable mention: The Women of Little Lon: Sex Workers in Nineteenth-Century Melbourne - Barbara Minchinton (2021)

If you're a Melburnian, you'll know the rooftop bar Madame Brussels – but did you know it was named after a real brothel Madame? Drawing on the findings of recent archaeological excavations, rare archival material and family records, historian Minchinton brings the fascinating world of Little Lon and its 'flash madams' and 'dressed girls' to life. A fascinating history of a world that still remains moralised and stigmatised despite its obvious and long-held history!



Useful Services

Physical health

1800 My Options - 1800 696 784

9am - 5pm, weekdays

For info about sexual health, contraception and pregnancy options (including abortion) and local services.

Pregnancy, Birth and Baby line - 1800 882 436

7am - midnight, everyday

Speak to a Maternal Child Health Nurse for advice about pregnancy, birth, and parenting.

Nurse On Call - 1300 60 60 24

24/7

For immediate expert health advice from a registered nurse, and info about health services in your area.

Mental health

Kids Helpline - 1800 55 1800

24/7

For free, private and confidential counselling for young people aged 5-25. Also available online.

Lifeline - 13 11 14

24/7

Short-term, crisis support if you are feeling overwhelmed, having difficulty coping or staying safe.

Yarning SafeNStrong - 1800 95 95 63

12pm - 10pm, everyday

Social and emotional wellbeing support for Aboriginal Victorians.

Beyondblue - 1300 22 4636

24/7

Talk to a trained mental health professional, to address issues associated with depression, suicide, anxiety disorders and other related mental illnesses.

PANDA - 1300 726 306

9am - 7.30pm, weekdays

Free, national helpline service for anyone affected by perinatal anxiety and depression.

Family violence / Sexual assault

SafeSteps - 1800 015 188

24/7

Support for anyone experiencing or supporting someone with family violence.

Centre Against Sexual Assault - 9635 3610

24/7

Support for victim/survivors of sexual assault (including counselling, information + advocacy).

1800 Respect - 1800 737 732

24/7

National domestic, family and sexual violence counselling, information and support service.

Other services

WIRE - 1300 134 130

9am-5pm, weekdays

Free support, referral and information for all Victorian women, nonbinary and gender-diverse people

Rainbow Door - 1800 729 367

Or SMS - 0480 017 246

10am - 5pm, everyday

A free helpline providing information, support, and referral to all LGBTQIA+ Victorians, their friends and family.

QLife - 1800 184 527

3pm to midnight, everyday

Anonymous and free LGBTI peer support and referral for people wanting to talk about sexuality, identity, gender, bodies, feelings or relationships.

DirectLine - 1800 888 236

24/7

Information, counselling and referral service for anyone wishing to discuss an alcohol or drug issue.

Health Complaints Commissioner - 1300 582 113

9am - 5pm, weekdays

Resolves complaints about healthcare and the handling of health information in Victoria.



Sextember Zine, Issue 4, 2023
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This zine is also available online at
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We acknowledge the traditional
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For information about contraception,
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Women's Health
V I C T O R I A